

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021024
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **275** Primary Registration District No. **5943** Registrar's No. **127**
FILED JUN 3 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 **0810**
2 **0810**
3 **2**
4 **0**
5 **3**
6
7 **0**
8 **2**
9 **4201**
10
11
12 **90-8**
13 **1-0**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Beulah Spring Creek Yrs. Yrs.		c. CITY OR TOWN Beulah	Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home State Rt. "K"		d. STREET ADDRESS State Rt. General Delivery	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First THOMAS Middle GLEN Last LAMAR		4. DATE OF DEATH Month May Day 23 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-26-01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agr.	9. AGE (last birthday) 61
11a. BIRTHPLACE (City and state or country) Edgar Springs, Mo., USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Andrew Jackson Lamar		13b. MOTHER'S MAIDEN NAME Martha Ellen Beets	14. NAME OF HUSBAND OR WIFE Reba (Divorced)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. No. 2		17. INFORMANT Mrs. Mayme Line Address No. 1 West City Rolla Mo. 66	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) NATURAL CAUSES DUE TO (c) (Found dead on porch of Home) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY Phelps STATE Missouri
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at Unknown on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Nadine L. Stoll (Degree or title) Local Registrar		22b. ADDRESS Rolla Mo	22c. DATE SIGNED 5-24-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 26, 1963	23c. NAME OF CEMETERY OR CREMATORY Edgar Springs Cemetery	23d. LOCATION (City, town, or county) Edgar Springs, Mo., (State)
24. FUNERAL DIRECTOR Name Null & Son Funeral Home..Rolla By Paul E. Null		25. DATE RECD. BY LOCAL REG. May 24, 1963	26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

1961 JUN 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert E. Ferguson

Licensed Embalmer No.

3945

P. O. Address

Licking Ms

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.